

## LINCOLN PARKS & RECREATION ATHLETIC FIELD USE APPLICATION

Applicant's Name:	Organization:	Position held with organization:				
Address:	City:	City:Stat			Zip:	
Email:		Ce	ell:			
					(Office Use Only)	
FIELD	SPECIFY DATE(S)	DAY OF WEEK	START TIME	FINISH TIME	RATE	TOTAL
		_				
		+				
					TOTAL	

## **Permittee/Applicant Obligations:**

Permittee (or Applicant) agrees to comply with all federal, state, and municipal laws, rules and regulations, health and safety guidelines, Directed Health Measures, and protocols; is fully aware and understands the specific risks associated with this activity, including physical injury, sickness and disease including COVID-19 or novel coronavirus, and death. The COVID-19 coronavirus has been declared a worldwide pandemic by the World Health Organization, is extremely contagious and is believed to spread mainly from person-to-person contact. Permittee (or Applicant) agrees to assume and accept the full risks associated with this activity without limitation.

To the fullest extent permitted by law, the Permittee (or Applicant) and its agents, members, participants, and invitees shall indemnify, defend, and hold harmless the City of Lincoln, its officers, agents, and employees from and against claims, damages, losses and expenses, including but not limited to attorney's fees, arising out of or resulting from performance of this agreement, that results in any claim for damage whatsoever, including without limitation, any bodily injury, sickness and disease including COVID-19, death, or any injury to or destruction of tangible or intangible property, including any loss of use resulting therefrom that is caused in whole or in part by Permittee (or Applicant), or anyone directly or indirectly employed by or associated with Permittee (or Applicant), or anyone for whose acts any of them may be liable. City does not waive its governmental immunity and defenses. This obligation shall not be terminated at the conclusion of the use, event, or permit.

Permittee (or Applicant) shall (1) obtain and retain signed Warning of Risk, Waiver, and Release of All Claims forms (attached) from every participant and coach and provide copies of the signed forms to the Parks & Recreation Director when requested, and (2) follow all applicable rules and regulations.

In signing this application, I acknowledge that I have read and agree to the requirements set forth in the appropriate Rental Use Regulations and the Indemnification.

Applicant's Signature:		Date:				
Return to: City of Lind	(Person responsible for facility / f coln – Team Sports, 3131 O Stree Following scheduled field	,		hletics@lincoln.ne.gov		
FOR OFFICE USE ONLY						
Document	Required	Date Sent	Date Received	Payment (Type, Amount & Date)		

Document	Reg	uired	Date Sent	Date Received	Payment (Type, Amount, & Date)
License Agreement	Yes	No			
Special Use Permit	Yes	No			
Permit to Conduct Business	Yes	No			
Certificate of Insurance	Yes	No			N/A
Insurance Endorsement	Yes	No			N/A
Tournament Checklist	Yes	No			
Game Schedule	Yes	No			N/A

Field Use Request Received	Date:		Staff:		
Sport / Activity:	Baseball	Softball	Soccer	Other:	
Lights Required	Yes	No	Field(s):		